Severe melasma

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Figure 1. Severe maxillary melasma

The changes in pigmentation during pregnancy are mostly physiological; and bioactive molecules released from estrogen, progesterone and placenta are known to play a role in this process. The increase in pigmentation progresses during pregnancy, but it is expected that the skin will return to its original appearance after pregnancy [1,2].

Melasma (chloasma or the mask of pregnancy) describes gray-brown hypermelanosis on the face and rarely on the neck and forearms, which are well-circumscribed, symmetrical and tend to unite. It has been reported in more than half of pregnant women. Pigmentation changes rarely reach pathological dimensions and cause cosmetic problems. Due to being a cosmetic problem, it can lead to emotional changes. Maxillary melasma constitutes one-fifth of all types of melasma [1,2].

A 25-year-old woman in her 39th week of pregnancy presented with complaint of discoloration on her face. It was learned that she had her first pregnancy in her medical history and she has received vitamin D and iron replacement. Her examination revealed severe maxillary melasma (Figure 1). There was no additional complaints and features in her mdical history and in family medical history. Laboratory tests and other health check ups were normal. Sun protection was recommended. Control examination after the pregnancy was suggested.

## References

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